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36339 7590 02/27/2004  
**NATIONAL INSTITUTE OF HEALTH**  
**C/O NEEDLE & ROSENBERG, P.C.**  
**SUITE 1000**  
**999 PEACHTREE STREET**  
**ATLANTA, GA 30303**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Gwendolyn D. Spratt** (Depositor's name)  
*Gwendolyn D. Spratt* (Signature)  
**May 21, 2004** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/533,427	03/22/2000	John A. Chiorini	14014.0323U2	8626

TITLE OF INVENTION: AAV5 VECTOR FOR TRANSDUCING BRAIN CELLS AND LUNG CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FALK, ANNE MARIE	1632	424-093200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Needle & Rosenberg**

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

(1) The Government of the United States of America,  
as represented by the Secretary, Dept. of Health and  
Human Services, Rockville, MD

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(2) University of Iowa Research Foundation, Iowa  
City, Iowa

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☒ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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(Authorized Signature)

(Date)

*Gwendolyn D. Spratt*

**5-21-04**

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